

Exhibit #1.

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

UNITED STATES OF AMERICA,	)	
	)	
Plaintiff,	)	
	)	
V.	)	CRIMINAL ACTION NO. H-93-242
	)	
JOHN C. RIDDLE,	)	
	)	
Defendant.	)	

**UNITED STATES OF AMERICA'S POST JUDGMENT  
FIRST SET OF WRITTEN INTERROGATORIES**

TO: JOHN C. RIDDLE, Defendant, by and through his attorney(s) of record:

Leonard H. Simon  
Pendergraft & Simon, L.L.P.  
The Riviana Building, Suite 800  
2777 Allen Parkway  
Houston, TX 77019  
713.528.8555  
832.202.2810 (fax)

The Plaintiff, United States of America, in accordance with Rules 33 and 69 of the Federal Rules of Civil Procedure serves the following interrogatories and requests that these interrogatories be answered under oath by the Defendant, JOHN C. RIDDLE, and served upon the undersigned attorney within thirty (30) days.

TAKE NOTICE: Failure to **timely** and **fully** answer such interrogatories shall prompt the United States to seek a Motion and Order to Compel from the United States District Court. Pursuant to 28 U.S.C. § 3011, this Motion will also seek an additional 10% penalty surcharge of the total indebtedness outstanding.

## **DEFINITIONS**

1. **Identify** means, in reference to a person: the person (s) name, employment title, if any, home and business addresses, and home and business telephone numbers.
2. **Identify** means, in reference to a group, organization, business, association, or other entity: the entity's full name, all names under which the entity conducts business, legal organizational status (e.g., corporation), all mailing and physical addresses which entity uses to conduct business, and all telephone numbers which entity uses to conduct business.
3. **Identify** means, in reference to a document, record, or other written material: the form, name, or title of such item, its date, its custodian, and its location.
4. **Document** is used in the broadest possible sense and means, without limitation, the original and all nonidentical copies of any handwritten, printed, typed, photostatic, photographed, recorded, or otherwise reproduced communication or representation of every kind and description, whether comprised of letters, words, numbers, pictures, sounds, or symbols, or any combination thereof, or inscribed by hand or by mechanical, electronic, magnetic, microfilm, photographic or other means, as well as phonic (such as tape recordings) or visual reproductions of communications, oral statements, conversations, or events, and drafts thereof, including, but not limited to, agreements, analyses, appointment books, bills, calendars, charts, checks, computer generated information, compilations, computer programming materials, computer-stored or computer-readable data, contracts, correspondence, diagrams, date books, diaries, financial statements, guidelines, instructions, invoices, letters, manuals, maps, medical records, memoranda, messages, minutes, newsletters, newspapers and periodical articles, notes, patient histories, plans, pictures, questionnaires, receipts, records, reports,

statements, studies, summaries, tables and tabulations, tallies, telegrams, telephone memoranda, telexes, telefacsimiles, working papers, and any data compilations from which information of communications can be obtained, and any preliminary versions, drafts, or revisions of any of the foregoing.

5. **Document** includes the file and folder tabs associated with each aforesaid original and/or copy, and all correspondence transmitting such document or explaining or commenting on the contents thereof, and all working or supporting papers.

6. Whenever necessary to bring within the scope of a request all information or documents that might otherwise be construed to be outside its scope, (I) the use of a verb in any tense shall be construed as the use of the verb in all other tenses, (ii) the use of the singular shall be construed as the use of the plural, and vice-versa; and (iii) the use of the masculine shall be construed as the use of the female, and vice-versa.

7. **Relating to** or **Relate to** means reflecting, describing, consisting of, mentioning, or in any way referring to.

8. **Describe** means, in reference to an act or event: to provide a detailed and complete description of any act or event, a copy of any document or record concerning the act or event, the identity of each person involved in or observing the act or event, and the date and location of the act or event.

9. **Describe** means, in reference to a communication: to provide a detailed and complete description of the substance of any communication, a copy of any document or record concerning the communication, the identities of all individuals participating in or observing the communication and a description of each individuals specific participation, the date and

location of the communication, and the method of the communication (e.g., telephone, in person, by letter).

10. **Employee** includes officers, directors, principals, independent contractors, agents, and anyone else with whom John C. Riddle has an employment relationship or a relationship similar to employment.

### **INSTRUCTIONS**

A. Unless otherwise specified, these interrogatories refer to the time period from January 1, 1994, to the present. If more than one answer is called for by any interrogatory because circumstances have changed during that period, describe the circumstances prior to the change (s) and after the change (s) , the date (s) of the change(s) and any reasons for the change(s).

B. In accordance with Rule 26(e) of the Federal Rules of Civil Procedure, these interrogatories are continuing, so that any additional or supplementary responsive answers which become known after the mailing of your responses shall be disclosed promptly in writing to counsel for the plaintiff.

C. If the current name, address, and/or telephone number of a person or entity is not known, state the person or entity's last known name, address and telephone number and indicate in your answer that it is the last known name, address, and telephone number.

D. Where knowledge or information in the possession of a person or entity is requested, the request shall also include knowledge or information in the possession of the person's or entity's agents, representatives, employees, and, unless privileged, his or its attorneys.

E. If you require additional space to answer an interrogatory, you may continue your answers on separate paper. Be sure to properly identify the number of the interrogatory you are answering on the additional paper. Attach the additional paper with your answers to the end of your responses to these interrogatories.

### **INTERROGATORIES**

**INTERROGATORY NO. 1:** State your full name, including any alias, present age, social security number, driver's license, telephone number and mailing addresses, including any P.O. box listing.

**ANSWER:**

**INTERROGATORY NO. 2:** If you rent your living premises, identify name and address of your landlord, the frequency (weekly, biweekly, monthly) of payment of rent, and if such rent includes taxes and/or insurance, list the respective amounts.

Alternatively, if you own the premises where living, relate purchase date and selling price of such residence; its address; whose name or names title is held; balance outstanding on home mortgage; frequency and amounts of payments (weekly, bi-weekly, monthly); amounts of taxes and/or insurance included in such payments; its fair market value; date and county of filing homestead designation; and the amounts for any improvements.

Alternatively, if you do not own or rent your living premises, state who furnishes you a place to live, and describe under what terms and conditions.

**ANSWER:**

**INTERROGATORY NO. 3:** Identify the full names, social security numbers, and ages of your spouse and dependents with their places of employment.

**ANSWER:**

**INTERROGATORY NO. 4:** For the past three years, identify the full name, address and telephone numbers of your's and your spouse's employer(s); indicate the occupations and length of employment with each respective employer; the **present gross** salary(s) reflecting all deductions (e.g. federal income, city, and state taxes, FICA, life and/or health insurance, and credit union dues).

Alternatively, if you or your spouse are self-employed or own any part of a business as a sole owner, partner or stockholder, state the name, type, and address of such business; the nature of ownership interest (sole owner, partner or stockholder); and dates and amount of compensation earned from such business.

Alternatively, if you are presently unemployed, list the names and addresses of the person(s) which you depend upon for a living.

**ANSWER:**

**INTERROGATORY NO. 5:** Describe in full the amounts and frequency of all payments for fixed monthly or periodic living expenses and obligations (e.g., food, car payments and insurance, house insurance and taxes, rent, house payments or rent, car insurance, telephone, dentist, interest, clothes, transportation expenses, entertainment, income tax, medical expenses, church, gas, child support payments, electricity, water, gas, monthly payments on charge accounts, attorney fees, and loan payments).

**ANSWER:**

**INTERROGATORY NO. 10:** Describe the value and exact location of any accounts receivable, notes receivable, mortgages, liens, royalties, leases or pledges of personalty owned or held by you or in a name of another.

**ANSWER:**

**INTERROGATORY NO. 11:** If you have ever owned or presently have an interest in any house, land or real property (including oil, gas and mineral interests, condominiums and interests in condominiums) exceeding \$500.00, describe the date of acquisition; type of ownership (sole or joint ownership); its description, including location (county); purchase price or fair market value; and balance due on mortgage; if transfer, date of exchange with the name and address of the purchaser or transferee; amount of money and/or other consideration paid in the conveyance; and date and county of recordation of transfer.

**ANSWER:**

**INTERROGATORY NO. 12:** Identify all life insurance policies, and for each, indicate the company with which the policy is being held; the face amount of the policy; cash surrender value of the policy; the designated beneficiaries on such policies; the outstanding loans on each policy; and if any such policies have been assigned or pledged, list the name and address of the pledgee or assignee; and the amount of indebtedness with the date when pledged or assigned.

**ANSWER:**

**INTERROGATORY NO. 13:** If you own or have any interest in any IRA, Keough account, pension, profit-sharing plan, Stock Option Plan, disability compensation, social security, retirement pay or other savings plans, identify the name, address, and telephone number of the custodian of all such assets, or of any institution depositing such funds; and the amount and frequency of such benefit payments, if any.

**ANSWER:**

**INTERROGATORY NO. 14:** If for any reason whatsoever you have any vested or contingent future interest in any property (including the expectation of payment of money from anyone), describe the nature of the source of such interest; location of property; identity and address of any person or institution that may be involved; the circumstances causing the property or money to inure to your benefit; and the probable value or amount thereof.

**ANSWER:**

**INTERROGATORY NO. 15:** If any money or property is held in trust for you, identify the name and address of the trustee or other fiduciary; the amount of money and/or property being held in trust; dates and amounts of any disbursements of income; and termination or distribution date of said trust.

**ANSWER:**

**INTERROGATORY NO. 16:** If you have any other sources of income or property (personal and real) which has not been disclosed in the previous answers, describe the sources (name of payor and address) with the amount, and frequency of payment.

**ANSWER:**

**INTERROGATORY NO. 17:** Since January 1, 1994, to the present date, if your spouse or your dependents, have paid cash out or checks exceeding \$1,000.00, or have sold, transferred, or given away real or personal property (including securities and/or negotiable instruments) having a cost or fair market value exceeding \$1,000.00, state a description of the property or asset transferred; date of transfer; fair market value of property or asset at the date of transfer; any consideration received for asset or property transferred; and the name, address, telephone number and kindred relationship of the transferee.

**ANSWER:**



**INTERROGATORY NO. 18:** If you, your spouse or your dependents have closed any bank or other account, and/or withdrawn any cash, bonds, or other assets from a safe deposit box since filing of the judgment herein, identify the name and address of such bank or other institution; describe the type of monies, bonds, and other assets withdrawn therefrom and their value; and the present location of the aforesaid items.

**ANSWER:**

**INTERROGATORY NO. 19:** If you have been a party to any legal action in the last ten years, identify the title of such action; name and location of court; docket number of case; date action filed; brief description of lawsuit; and if not presently pending, final disposition of such action.

**ANSWER:**

**INTERROGATORY NO. 20:** List the dates and amounts of any mortgages, deeds, of trust and/or other liens outstanding against any properties owned by you, your spouse and your dependents; identify the name and address of the mortgagor, trustee or lien holder; date of maturity on such instruments; unpaid balance; and the specific property encumbered and its location (county) affected in each instance.

**ANSWER:**

**INTERROGATORY NO. 21:** List and describe all judgments and/ or abstracts of judgment rendered or recorded against you, and for each such judgment and/or abstract, state the name of the judgment creditor; the amount of judgment; date and county where the judgment and/or abstract was recorded; and any payments applied to said judgment.

**ANSWER:**

**INTERROGATORY NO. 22:** In the last ten years, identify the name and address of every bank, financial institution, or brokerage service with which you have done business; had funds deposited in any account; and/or as to financial institutions, banks, and brokerage services which you have or had the authority to sign checks or make withdrawals, specify the account number (including brokerage accounts) on which business was transacted; the account's balance prior to the entry of judgment herein, and balance upon completion of these interrogatories.

**ANSWER:**

**INTERROGATORY NO. 23:** Furnish the name and address of your insurance agent (s), financial advisor, and other planner (including but not limited to financial planner, personal banker, stock broker, investment or financial consultant).

**ANSWER:**

**INTERROGATORY NO. 24:** If you have received any money or other items of value for services performed by you or goods or merchandise sold or leased by you within the last two years, identify the name, address and telephone number of each person or entity paying you such money or other item of value, and the date and amount of such payments.

**ANSWER:**

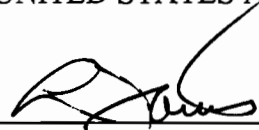
**INTERROGATORY NO. 25:** List all licenses including professional licenses held by you, include the license number, name and address of licensing authority and whether the license is current.

**ANSWER:**

Respectfully submitted,

MICHAEL T. SHELBY  
UNITED STATES ATTORNEY

By:



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Lindsey Fouts  
Special Assistant United States Attorney  
Texas Bar No. 07316200  
1901 Pacific Ave., Room 3050  
Dallas, Texas 75201  
972-761-2573

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the forgoing Plaintiff's Interrogatories to Defendant,  
JOHN C. RIDDLE, was served by certified mail, return receipt requested to the following:

Leonhard H. Simon  
Pendergraft & Simon L.L.P.  
The Riviana Building  
2777 Allen Parkway, Suite 800  
Houston, Texas 77019  
832.202.2810 (fax)  
[lsimon@pendergrachtsimon.com](mailto:lsimon@pendergrachtsimon.com)

CMRRR # 7001 1949 0005 7034 9039

J. Michael Black  
Law Offices of J. Michael Black  
1177 West Loop South, Suite 700  
Houston, Texas 77027  
713.759.9650 (fax)  
[mike\\_black@hardylawfirm.com](mailto:mike_black@hardylawfirm.com)

CMRRR # 7001 1949 0005 7034 9028

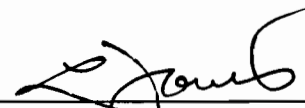
To Defendant by agreement with counsel  
John C. Riddle  
9243 Kenilworth Street  
Houston, Texas 77024

CMRRR # 7001 1949 0005 7034 9435

John C. Riddle  
3 Riverway, Ste. 2460

CMRRR # 7001 1949 0005 7034 9442

on this 2 day of November, 2006.

  
\_\_\_\_\_  
Lindsey Fouts  
Special Assistant United States Attorney

**AFFIDAVIT**

THE STATE OF TEXAS

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared JOHN C. \_\_\_\_\_

RIDDLE, who by me being duly sworn on this oath deposed and says:

My name is JOHN C. RIDDLE, and I am a Defendant in the above-styled and numbered cause; that I have read the above and forgoing answers to said interrogatories; and that every statement contained therein is within my knowledge and is true and correct.

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
JOHN C. RIDDLE

SUBSCRIBED AND SWORN TO BEFORE ME, on this the \_\_\_\_\_ day of \_\_\_\_\_, 2006, to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public in and for the State of Texas

My Commission Expires: \_\_\_\_\_

Exhibit #2

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

UNITED STATES OF AMERICA,	)	
	)	
Plaintiff,	)	
	)	
V.	)	CRIMINAL ACTION NO. H-93-242
	)	
JOHN C. RIDDLE,	)	
Defendant.	)	

**THE UNITED STATES OF AMERICA'S POST JUDGMENT  
FIRST REQUEST FOR PRODUCTION OF DOCUMENTS**

TO: JOHN C. RIDDLE, Defendant, by and through his attorney:

Leonard H. Simon  
Pendergraft & Simon, L.L.P.  
The Riviana Building, Suite 800  
2777 Allen Parkway  
Houston, TX 77019  
713.528.8555  
832.202.2810 (fax)

The Plaintiff, United States of America, in accordance with Rules 34 and 69 of the Federal Rules of Civil Procedure, requests that the Defendant, JOHN C. RIDDLE, produce for inspection and copying the following documents and tangible things, within thirty (30) days to:

Lindsey Fouts  
Special Assistant United States Attorney  
c/o FDIC Legal Division  
1910 Pacific Ave., Ste. 3050

## **INSTRUCTIONS**

**A.** You are to produce the requested documents (1) as they are kept in the usual course of business, or (2) you shall organize and label them to correspond to the categories in the Request.

**B.** If your response is that the documents are not in your possession or custody, describe in detail the unsuccessful efforts you made to locate the records.

**C.** If your response is that the documents are not in your control, identify who has control and the location of the records.

**D.** If a request for production seeks a specific document or an itemized category which is not in your possession, control or custody, provide any documents you have that contain all or part of the information contained in the requested document or category.

**E.** If any request is deemed to call for the disclosure of privileged or work product materials and such privilege or work product is asserted, identify in writing each document or item of information so withheld and provide the following information:

- (1) The reason for withholding the document;
- (2) A statement of the basis for the claim of privilege, work product or other ground of non-disclosure;
- (3) A brief description of the document, including:
  - (a) The date of the document;
  - (b) The person(s) to whom the document was addressed;
  - (c) The author(s) of the document;
  - (d) The identity of all persons who received a copy of the document;
  - (e) The length in pages of the document;
  - (f) A brief description of the subject matter of the document.

## **DEFINITIONS**

**A.** The words "and," "or" and "and/or" shall be construed conjunctively or disjunctively as necessary to make the request inclusive rather than exclusive. The words "include(s)" and "including" shall be construed to mean "without limitation."

**B.** The term "documents" means:

(1) All writings of any kind, including the originals and all non-identical copies, whether different from the originals by reason of any notation made on such copies or otherwise, including without limitation, correspondence, memoranda, notes, diaries, statistics, letters, telegrams, minutes, contracts, reports, studies, checks, statements, receipts, returns, summaries, pamphlets, books, interoffice and intra office communications, notations of any sort of conversations, telephone calls, meetings or other communications, bulletins, printed, matter, computer printouts, teletypes, telefax, invoices, worksheets, all drafts, alterations, modifications, changes and amendments of any of the foregoing.

(2) All graphic or oral records or representations of any kind (including, without limitations, photographs, charts, graphs, microfiche, microfilm, videotapes, recordings, motion pictures); and

(3) All electronic, mechanical or electrical records or representations of any kind (including, without limitations, tapes, cassettes, discs, recordings, and computer memories).



### **REQUESTS FOR PRODUCTION**

1. Produce all documents which relate or pertain in any way to the sale or transfer of real and/or personal property by you or anyone acting on your behalf, during the period of January 1, 1994 to present.
2. Produce copies of salary records for each respective spouse from the period of January 1, 1994 to present.
3. Produce copies of all statements provided by banks, saving and loans, credit unions, or other thrift institutions, and accounts in which you have signature authority, in which you have held an account from January 1, 1994 to present.
4. Produce copies of all statements, provided by stock brokerage firms, investment firms or counselors, or directly from corporations which evidence the ownership of publicly or privately held stocks, bonds, certificates of deposit, or other financial assets from January 1, 1994 to present.
5. Produce copies of any stock certificates held in your name or in street name, if under your control, which are in your possession. If such certificates are not in your possession, identify the holder of the certificate.
6. Produce copies of all deeds of trust, real property ownership records, of any real property owned by you in whole or in part from January 1, 1994 to present.
7. Produce copies of any judgments (other than the underlying judgment related to this request) which have been entered against you during the last twenty years.
8. Produce true and accurate copies of any and all canceled checks, receipts, or other documents which reflect payments or collections which have been made or credited toward the student loan(s) which are the subject of this suit including any receipts evidencing delivery.
9. Produce copies of any and all of your personal notes which are the subject of this suit.
10. Produce copies of any and all written statements of any person or persons who have knowledge of the

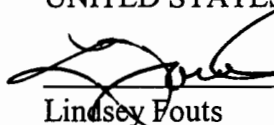
facts or transactions which are stated in the judgment which has been filed.

11. Produce any and all personal notes of conversations you have had with any individuals employed by the United States pertaining to the debts owed to the United States.
12. Produce copies of all tax returns filed between the period of January 1, 2000, to the present along with a signed waiver, which is attached hereto, for each return.
13. Provide copies of all licenses you have.
14. Produce a copy of your passport.
15. Produce a copy of your drivers license.
16. Produce title documents, for all aircraft, motor vehicles (including cars, trucks, and farm equipment and tractors) and boats you own.
17. Produce all documents evidencing purchase of jewelry or other objects made of precious metal since 1994.
18. Produce a copy of all documents indicating any inheritance or gifts valued at \$500.00 and above you have received since 1994.
19. Produce copies of all insurance policies presently in effect.
20. Produce copies of all statements for your IRA, Keough, pension or other retirement benefits.
21. Produce all documents pertaining to claims made against you by the IRS.

Respectfully submitted,

MICHAEL T. SHELBY  
UNITED STATES ATTORNEY

By:



Lindsey Fouts  
Special Assistant United States Attorney  
Texas Bar No. 07316200  
1901 Pacific Ave., Room 3050  
Dallas, Texas 75201  
972-761-2573

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the forgoing Plaintiff's Request for Production to Defendant, JOHN C. RIDDLE, was served by certified mail, return receipt requested to the following:

Leonhard H. Simon  
Pendergraft & Simon L.L.P.  
The Riviana Building  
2777 Allen Parkway, Suite 800  
Houston, Texas 77019  
832.202.2810 (fax)  
[lsimon@pendergraffsimon.com](mailto:lsimon@pendergraffsimon.com)

CMRRR # 7001 1949 0005 7034 9039

J. Michael Black  
Law Offices of J. Michael Black  
1177 West Loop South, Suite 700  
Houston, Texas 77027  
713.759.9650 (fax)  
[mike\\_black@hardylawfirm.com](mailto:mike_black@hardylawfirm.com)

CMRRR # 7001 1949 0005 7034 9628

To Defendant by agreement with counsel

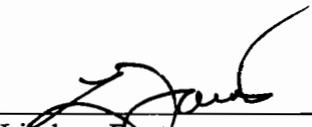
John C. Riddle  
9243 Kenilworth Street  
Houston, Texas 77024

CMRRR # 7001 1949 0005 7034 9435

John C. Riddle  
3 Riverway, Ste. 2460  
Houston, Texas 77056

CMRRR # 7001 1949 0005 7034 9442

on this 2 day of November, 2006.

  
\_\_\_\_\_  
Lindsey Fouts  
Special Assistant United States Attorney

**United States Department of Justice**  
Office of the United States Attorney  
Southern District of Texas

April 2002

**Financial Statement of Debtor**  
(Submitted for Government Action on  
Claims Due the United States)

**NOTE:** Use additional sheets where space on this form is insufficient or continue on back of last page.

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, *et seq.*; U.S. 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR 0.160, 0.171 and Appendix to Subpart Y, Fed. R. Civ. P. 33(a), 28 U.S.C. 1651, 3201 *et seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register: Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at page 12774. Disclosure of the information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

NOTE: References to "you" include both you and your spouse unless otherwise indicated. All assets of both spouses must be disclosed regardless of type of ownership claimed.

**PERSONAL IDENTIFICATION**

1. Name ( <i>debtor</i> )	2. Birth Date ( <i>mo. day yr.</i> )	3. Social Security No.
4. Other Names Used		5. Driver's License No.
6. Home Address ( <i>Street, City, State &amp; Zip Code</i> )		7. Home Phone ( <i>Area Code</i> )
8. Education <input type="checkbox"/> Less than 12 years <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Vocational School ___ Years of College                      ___ Years of Post Graduate Degrees:		

**SPOUSE/COMPANION**

9. Spouse's Name	10. Birth Date ( <i>mo. day yr.</i> )	11. Social Security No.
12. Spouse's Address ( <i>if different</i> )		13. Driver's License No.

**DEPENDENTS**

14. List all dependents who live with you:		
NAME	AGE	RELATIONSHIP
15. List names and addresses of all dependents who do not live with you:		
NAME/ADDRESS	AGE	RELATIONSHIP

16. List amount of monthly income received by dependents from any sources other than you or your spouse: \$  
 17. Total amount of monthly income paid by you or your spouse to dependents listed in item 15 is: \$  
 18. Does spouse/companion receive alimony or child support from a previous marriage? If yes, amount: \$

**DEBTOR EMPLOYMENT DATA**

19. Occupation		20. How Long in Present Employment?	
21. Present Employer's Name		22. Phone No. (Area Code)	
23. Employer's Address (Street, City, State & Zip Code)			
24. Other Employment - Within Last Three Years			
Employer's Name	Address	Phone No.	Employment Dates

25. Do you own a business?      Yes \_\_\_\_\_      No \_\_\_\_\_      (If yes, answer questions 26 - 31).

26. How long have you owned this business?

27. Percentage (%) ownership of business:

28. Dollar Equity in this business:

29. Business Name	30. Business Phone (Area Code)
31. Business Address ( Street, City, State & Zip Code)	

**SPOUSE/COMPANION EMPLOYMENT DATA**

32. Occupation		33. How Long in Present Employment?	
34. Present Employer's Name		35. Phone No. (Area Code)	
36. Employer's Address (Street, City, State & Zip Code)			
37. Other Employment - Within Last Three Years			
Employer's Name	Address	Phone No.	Employment Dates

38. Does your spouse own a business?      Yes \_\_\_\_\_      No \_\_\_\_\_      If yes, dollar equity in this business:

## INCOME

NOTE: State monthly income; if income varies, add your income over the last 12 months and divide by 12.

39. Debtor's <u>take home</u> income from business: Note: Attach profit and loss statements and balance sheet for the last three years.	\$ _____
40. Debtor's <u>take home</u> income from employment: Note: Attach a copy of your most recent pay stub.	\$ _____
41. Bonus/Commissions (averaged for the year):	\$ _____
42. Spouse's take home income from employment/business (after subtracting all deductions/expenses):	\$ _____
43. Net rental income (after subtracting all expenses, including mortgage payments):	\$ _____
44. Interest income:	\$ _____
45. Dividend income:	\$ _____
46. Income from relatives:	\$ _____
47. Alimony and child support received:	\$ _____
48. Unemployment income:	\$ _____
49. AFDC and/or Food Stamps:	\$ _____
50. Pension, retirement, social security or profit-sharing plan income received now and anticipated to receive over the next 12 months:    Date to begin receiving if in the future: _____	\$ _____
51. Disability insurance income received (averaged for the year):	\$ _____
52. Other monthly income, explain:	
	\$ _____
	\$ _____
	\$ _____
53. TOTAL INCOME:	\$ _____

### MONTHLY EXPENSES

NOTE: State monthly expenses; average over 12 months if necessary. Do not list any expenses paid by your business(es).

54. Rent / Mortgage:	\$ _____	64. Clothing:	\$ _____
55. Property Taxes:	\$ _____	65. Food:	\$ _____
56. Mortgage on other properties:	\$ _____	66. Electricity:	\$ _____
List Addresses:		67. Natural Gas:	\$ _____
_____		68. Water/Sewage:	\$ _____
_____		69. Telephone:	\$ _____
_____		70. Cable TV:	\$ _____
57. Vehicle Payment(s):	\$ _____	71. Other Utilities:	\$ _____
List make, model & year:		Specify:	
_____		_____	
_____		_____	
_____		_____	
58. Gasoline:	\$ _____	72. Entertainment:	\$ _____
59. Car Maintenance:	\$ _____	73. Gifts:	\$ _____
60. Home Maintenance:	\$ _____	74. Other Expenses:	\$ _____
61. Insurance:	\$ _____	Detail:	
62. Dependant Support/Alimony:	\$ _____	_____	
63. Medical:	\$ _____	_____	
		75. TOTAL EXPENSES:	\$ _____

### TAXES

76. Did you file a Federal Tax Return last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Joint \_\_\_\_\_ Individual \_\_\_\_\_ Amount of Gross Income reported: \$ \_\_\_\_\_  
Where filed: \_\_\_\_\_

77. Will you or did you receive a tax refund from Federal, State, City, County, or local government?

\_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, list from whom and amount for each refund:*

\_\_\_\_\_ Total Amount \$ \_\_\_\_\_

78. Do you owe delinquent taxes? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, list below years and amount due:*

**NOTE: Attach a copy of all Federal income tax returns filed for the last 5 years, both business & personal.**

# ASSETS

NOTE: Identify all assets wherever located, held by you individually, by you together with your spouse/companion or with any other person, and by your spouse individually. These assets include all assets held as joint tenants, as tenants in common, and as tenants by the entireties.

	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	CURRENT BALANCE
79. Personal Checking Accounts:			\$ \$
80. Personal Savings Accounts:			\$ \$ _____
81. Certificate(s) of Deposit:			\$ \$
82. IRA, KEOGH and/or other Retirement Accounts:	_____	_____	\$ \$ _____
83. Other Personal Accounts (Describe): _____ _____	_____ _____	_____ _____	\$ _____ \$ _____
84. Cash Surrender Value of Life Insurance:			\$ \$
85. Stocks, Bonds and/or Mutual Funds (Describe): _____		_____	\$ _____ \$ _____
86. Other Personal Monetary Investments (Describe): _____			\$ \$ _____
87. Business Checking Account:	_____	_____	\$ _____
88. Business Savings Account:	_____	_____	\$ _____



89. Business Real Property (Describe):  _____	_____ _____	_____ _____	\$ _____ \$ _____ \$ _____
90. Business Personal Property (Describe):  _____	_____ _____	_____ _____	\$ _____ \$ _____
<b>ASSETS (Cont.)</b>			
			<b>CURRENT BALANCE</b>
91. All Other Business Assets (Describe):  _____			\$ _____ \$ _____
92. Other Business Monetary Investments (Describe):  _____ _____ _____	_____ _____ _____	_____ _____ _____	\$ _____ \$ _____ \$ _____

93. Do you or your spouse hold any safety deposit boxes? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide name of financial institution(s).

\_\_\_\_\_

\_\_\_\_\_

94. Do you or your spouse own stock in any corporation, either closely held or publicly traded? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, identify type of stock and number of shares owned.

95. Are you or your spouse an officer or director of any corporation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details.

96. Are you or your spouse a partner in any partnership? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details.

97. Are you or your spouse a party in any law suit now pending in which you might receive money or something of value? \_\_\_\_\_ If Yes - Provide Details

\_\_\_\_\_

\_\_\_\_\_

98. Are you or your spouse a Trustee, Executor, or Administrator under any will or testament, insurance policy, or trust agreement?

\_\_\_\_\_ Yes - Provide Details \_\_\_\_\_ No

99. Is there any likelihood you or your spouse will receive an inheritance or benefit from a trust or claim? \_\_\_\_\_ Yes - Provide Details  
\_\_\_\_\_ No

### ASSETS (Cont.)

NOTE: Current Value is the price that you or your spouse could expect to receive if you or your spouse sold this asset today.

CURRENT

VALUE

100. Home:	\$ _____
101. All other real property including vacation or second home, investment property, and/or rental property. List type of property and addresses: _____ _____ _____	\$ _____ \$ _____ \$ _____
102. Motor Vehicles and Motorcycles List Make, Model, Year, & State License Plate Number.: _____ _____ _____	\$ _____ \$ _____ \$ _____
103. Boat:	\$ _____
104. Total current value of personal assets, i.e., TVs, VCRs, computers, stereos, CD player, video camera, sporting goods, furniture, guns, jewelry, antiques, art objects, stamp collections, etc.:	\$ _____

AMOUNT

105. Money owed to you - List source: _____ _____	\$ _____ \$ _____
106. Money, or other asset, held by someone else on your behalf, explain: _____	\$ _____
107. Other money owed to you or your spouse, list source and reasons for debt: _____	\$ _____
108. List any other assets of any kind not previously disclosed; describe: _____ _____	\$ _____ \$ _____

109. List all transfers of property including cash (*by loan, gift, sale, etc.*) that you and/or your spouse/companion have made within the last five years (*items of \$1000 or over*):

Date	Amount	Property Transferred	To Whom

--	--	--	--

LIABILITIES		
-------------	--	--

	CURRENT BALANCE	MONTHLY
PAYMENTS		
110. Mortgage loan; list mortgage company:	\$	\$
111. Car loans; list creditor:	\$	\$
112. Credit cards; list creditor & type of card (e.g. First Bank Visa):	\$	\$
113. Other loans; list creditor & type of loan;	\$	\$
114. Anticipated money owed in a pending judgment or claim; describe:	\$	\$
115. List any other liabilities of any kind not previously disclosed; describe:	\$	\$

**LIABILITIES (Cont.)**

116. Are your wages and/or those of your spouse under garnishment at this time? \_\_\_\_\_ Yes - Provide Details \_\_\_\_\_ No

117. Are there outstanding unpaid judgments against you for any debts other than this one? \_\_\_\_\_ Yes - Provide Details \_\_\_\_\_ No

118. Do you owe large medical bills? \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, give specific details and attach copies of the bills:*

***NOTE: The following is a summary of the additional documents required:***

- a) Attach Profit & Loss Statements and Balance Sheets for the last 5 years for your and your spouse's business(es).
- b) Attach copies of your and your spouse's last two pay stub(s), if employed.
- c) Attach all tax returns with attachments for the last 5 years, both business and personal, for both you and your spouse.
- d) Attach copies of your and your spouse's most recent checking, savings, money market, mutual fund, and brokerage account statements.
- e) Sign the releases attached to this document. NOTE: Your signature on the Financial Release MUST BE NOTARIZED.  
Please read carefully before signing.

*With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the U.S. Department of Justice, I certify that I believe the above statement is true and that it is a complete statement of all my and my spouse's income and assets, real and personal, whether held in my name or by any other.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

IF YOU WERE ASSISTED BY SOMEONE IN FILLING OUT THIS FINANCIAL STATEMENT, PLEASE STATE NAME AND RELATIONSHIP, AND HAVE THE PERSON SIGN BELOW.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

***You must also sign the following page and have your signature notarized.  
If you have added additional sheets to this form, you must also sign these sheets.***

AUTHORIZATION TO RELEASE  
FINANCIAL RECORDS AND DOCUMENTS

TO WHOM IT MAY CONCERN:

I hereby agree and consent that all records and files within your custody or control which in any way pertain to me, including but not limited to, bank statements, cancelled checks, deposit and withdrawal slips, records of savings accounts and charge accounts, safe deposit box rent receipts, record of entry to safety deposit boxes, credit applications, credit reports, life insurance policy statements and all other information as may be included in said records and files, be released by you to a representative of the United States Attorney's Office for the Southern District of Texas, upon the receipt of this authorization or a copy hereof.

Signature

Social Security Account Number

Address (Street/P.O. Box)

(City, State, Zip Code)

City/County of

State of

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Notary Public

**SUPPLEMENT TO SWORN FINANCIAL STATEMENT OF DEBTOR  
ON U.S. DEPT.OF JUSTICE/U.S. ATTORNEYS OFFICE FORM**

1. Describe any direct or indirect title or beneficial interest, ownership, control, possession, involvement, or activity in any real estate transaction, business, development, purchase, or sale by you or your spouse or companion from 1996 to present that has not been fully disclosed and described in your sworn Financial Statement (attach additional sheets if necessary to fully describe):
2. Describe any other direct or indirect title or beneficial business or financial interest, ownership, control, possession, involvement, activity, or transaction by you or your spouse or companion from 1996 to present that has not been fully disclosed and described in your sworn Financial Statement (attach additional sheets if necessary to fully describe):

3. Describe anything of any nature with fair market value over \$1,000 that you or your spouse or companion has received from any person or entity whatsoever from 1996 to present for which you or your spouse or companion did not pay or give such person or entity full fair market value that has not been fully disclosed and described in your sworn Financial Statement (attach additional sheets if necessary to fully describe):

With knowledge of the penalties for false statements provided by 18 United States Code 1001 and with knowledge that this Supplement To Sworn Financial Statement is submitted by me to affect action by the U.S. Department of Justice, I swear or affirm and certify that my written responses herein to items 1., 2., and 3. above are true, correct, and complete statements of all of my and/or my spouse's or companion's interests, ownership, control, possession, involvement, activities, transactions, or receipts, whether held in my name or my spouse's or companion's name or by any other.

\_\_\_\_\_  
signature of \_\_\_\_\_

\_\_\_\_\_  
date

Sworn to and subscribed by \_\_\_\_\_ before me, the undersigned  
authority, on \_\_\_\_\_, 2006.

Notary Public, State of Texas

My commission expires:

\_\_\_\_\_  
Signature

\_\_\_\_\_

## **LIST OF ITEMS TO ATTACH TO FINANCIAL STATEMENT**

1. Earnings statements from your and your spouse's most recent paychecks.
2. Business records for the present year and past calendar year which reflect assets, liabilities, gross receipts and expenses for any sole proprietorship, partnership or corporation in which you or your spouse own any interest.
3. Current bank statements for the past 12 months from all banks or other financial institutions, where any sole proprietorship, partnership or corporation in which you or your spouse own any interest, has an account of any kind.
4. Current bank statements for the past 12 months from all banks or other institutions, where you or your spouse have an account of any kind.
5. All trust agreements in which you or your spouse are named trustor, trustee or beneficiary.
6. All deeds, leases, contracts, and other documents representing any ownership interest you or your spouse have in any real property and, all deeds of trust, mortgages or other documents evidencing encumbrances of any kind on your real property.
7. All stocks, bonds or other securities of any class you or your spouse may own, separately or jointly with others, including options to purchase any securities.
8. Titles to all motor vehicles owned by you or your spouse.
9. All life insurance policies in which you or your spouse are either the insured or the beneficiary.
10. All promissory notes held by you or your spouse and all other documents evidencing any money owed to you or your spouse either now or in the future.
11. All financial statements furnished by you or your spouse within the past five years.
12. All deeds, bills of sale or other documents prepared in connection with any transfer made by you or your spouse either by gift, sale or otherwise within the last five years.
13. A schedule of all regular expenses paid by you or your spouse, such as installment debts, food, utilities, etc. Include the amount paid, the payee and if an installment debt, the amount of debt owing and any security pledged.
14. All documents evidencing any interest you or your spouse have in any pension plan, retirement fund or profit sharing plan.
15. All records pertaining to your or your spouse's assets and finances.
16. Copies of your and your spouse's income tax returns for the past three years.
17. All records of any unincorporated business of which you or your spouse are an owner or part owner; or have been an owner within the past three years.



**CONSENT AND WAIVER FOR DISCLOSURE OF TAX INFORMATION**

**I authorize the Internal Revenue Service to disclose to:**

UNITED STATES OF AMERICA

(Name of appointee/recipient of requested tax information)

any income tax returns and return information, as those terms are defined in section 6103(b) of the Internal Revenue Code, for the tax year(s) listed below.

I am aware that without this authorization, tax returns and return information are confidential and are protected by law under the Internal Revenue Code.

**Individual or Corporate**

**Taxpayer's Name:** JOHN C. RIDDLE

(Please print: Individual, Corporate or Partnership name)

**Taxpayer's Signature:** \_\_\_\_\_  
(Signature of individual taxpayer or authorized corporate signature)

\_\_\_\_\_  
**Date of signature**

**Title (if Corporate Signature):** \_\_\_\_\_

**Individual's Social Security Number:** 462-82-2143  
or

**Employer Identification No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tax Year(s) waived:** 2000 through 2006, inclusive.

**Type of Tax:** INCOME

**Note:** Treasury Regulations require that the Internal Revenue Service must receive your consent within **60 days** following the date on which you sign and date the consent.

Exhibit #5

# **Tax Information Authorization**

► **Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1185	
For IRS Use Only	
Received by:	
Name	
Telephone	
Function	
Date	/ /

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print) <b>JOHN C. RIDDLE</b>	Social security number(s) <b>462 : 82 : 2143</b>	Employer identification number
	Daytime telephone number ( )	Plan number (if applicable)

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

Name and address <b>UNITED STATES ATTORNEY c/o Financial Litigation Section P.O. BOX 61129 HOUSTON, TX 77208</b>	CAF No. .... Telephone No. <b>713-567-9000</b> Fax No. <b>713-718-3405</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
---	--

**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
<b>INCOME</b>	<b>1040</b>	<b>2000-2006</b>	<b>ALL INFORMATION</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6 .► ☐

**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):

- a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . .► ☐
- b If you do not want any copies of notices or communications sent to your appointee, check this box . . . . .► ☐

**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box . . . . .► ☐

To revoke this tax information authorization, see the instructions on page 3.

**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

► **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

Signature	Date	Signature	Date
<b>JOHN C. RIDDLE</b>			
Print Name	Title (if applicable)	Print Name	Title (if applicable)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### What's New

**Authorization to file Form 8821 electronically.** Your appointee may be able to file Form 8821 with the IRS electronically. PIN number boxes have been added to the taxpayer's signature section. Entering a PIN number will give your appointee authority to file Form 8821 electronically using the PIN number as the electronic signature. You can use any five digits other than all zeroes as a PIN number. You may use the same PIN number that you used on other filings with the IRS. See **Where To File** on page 3 if completing Form 8821 only for this purpose.

### Purpose of Form

Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information in any office of the IRS for the type of tax and the years or periods you list on Form 8821. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on Form 8821.

Form 8821 does not authorize your appointee to advocate your position with respect to the Federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent you, use Form 2848, Power of Attorney and Declaration of Representative.

Use Form 4506, Request for Copy of Tax Return, to get a copy of your tax return.

Use new Form 4506-T, Request for Transcript of Tax Return, to order: (a) transcript of tax account information and (b) Form W-2 and Form 1099 series information.

Use Form 56, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the fiduciary, Form 8821 must be filed and signed by the fiduciary acting in the position of the taxpayer.

### When To File

Form 8821 must be received by the IRS within 60 days of the date it was signed and dated by the taxpayer.

### Where To File Chart

IF you live in . . .	THEN use this address . . .	Fax Number*
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, or West Virginia	Internal Revenue Service Memphis Accounts Management Center Stop 8423 5333 Getwell Road Memphis, TN 38118	901-546-4115
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, or Wyoming	Internal Revenue Service Ogden Accounts Management Center 1973 N. Rulon White Blvd. Mail Stop 6737 Ogden, UT 84404	801-620-4249
All APO and FPO addresses, American Samoa, nonpermanent residents of Guam or the Virgin Islands**, Puerto Rico (or if excluding income under Internal Revenue Code section 933), a foreign country: U.S. citizens and those filing Form 2555, 2555-EZ, or 4563.	Internal Revenue Service Philadelphia Accounts Management Center DPSW 312 11601 Roosevelt Blvd. Philadelphia, PA 19255	215-516-1017

\*These numbers may change without notice.

\*\*Permanent residents of Guam should use Department of Taxation, Government of Guam, P.O. Box 23607, GMF, GU 96921; permanent residents of the Virgin Islands should use: V.I. Bureau of Internal Revenue, 9601 Estate Thomas Charlotte Amaile, St. Thomas, V.I. 00802.

## Where To File

Generally, mail or fax Form 8821 directly to the IRS. See the **Where To File Chart** on page 2. Exceptions are listed below.

- If Form 8821 is for a specific tax matter, mail or fax it to the office handling that matter. For more information, see the instructions for line 4.
- If you complete Form 8821 only for the purpose of electronic signature authorization, do not file Form 8821 with the IRS. Instead, give it to your appointee, who will retain the document.

## Revocation of an Existing Tax Information Authorization

If you want to revoke an existing tax information authorization and do not want to name a new appointee, send a copy of the previously executed tax information authorization to the IRS, using the **Where To File Chart** on page 2. The copy of the tax information authorization must have a current signature of the taxpayer under the original signature on line 7. Write "REVOKE" across the top of Form 8821. If you do not have a copy of the tax information authorization you want to revoke, send a statement to the IRS. The statement of revocation must indicate that the authority of the tax information authorization is revoked, list the tax matters, must be signed and dated by the taxpayer, and list the name and address of each recognized appointee whose authority is revoked.

To revoke a specific use tax information authorization, send the tax information authorization or statement of revocation to the IRS office handling your case, using the above instructions.

## Taxpayer Identification Numbers (TINs)

TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.

## Partnership Items

Sections 6221–6234 authorize a Tax Matters Partner to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 do not replace any provisions of these sections.

## Specific Instructions

### Line 1. Taxpayer Information

**Individuals.** Enter your name, TIN, and your street address in the space provided. Do not enter your appointee's address or post office box. If a joint return is used, also enter your spouse's name and TIN. Also enter your EIN if applicable.

**Corporations, partnerships, or associations.** Enter the name, EIN, and business address.

**Employee plan.** Enter the plan name, EIN of the plan sponsor, three-digit plan number, and business address of the plan sponsor.

**Trust.** Enter the name, title, and address of the trustee, and the name and EIN of the trust.

**Estate.** Enter the name, title, and address of the decedent's executor/personal representative, and the name and identification number of the estate. The identification number for an estate includes both the EIN, if the estate has one, and the decedent's TIN.

### Line 2. Appointee

Enter your appointee's full name. Use the identical full name on all submissions and correspondence. Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee. The IRS does not assign CAF numbers to requests for employee plans and exempt organizations.

If you want to name more than one appointee, indicate so on this line and attach a list of appointees to Form 8821.

Check the appropriate box to indicate if either the address, telephone number, or fax number is new since a CAF number was assigned.

### Line 3. Tax Matters

Enter the type of tax, the tax form number, the years or periods, and the specific tax matter. Enter "Not applicable," in any of the columns that do not apply.

For example, you may list "Income tax, Form 1040" for calendar year "2003" and "Excise tax, Form 720" for the "1st, 2nd, 3rd, and 4th quarters of 2003." For multiple years, you may list "2001 through (thru or a dash —) 2003" for an income tax return; for quarterly returns, list "1st, 2nd, 3rd, and 4th quarters of 2001 through 2002" (or 2nd 2002 — 3rd 2003). For fiscal years, enter the ending year and month, using the YYYYMM format. Do not use a general reference such as "All years," "All periods," or "All taxes." Any tax information authorization with a general reference will be returned.

You may list any tax years or periods that have already ended as of the date you sign the tax information authorization. Also, you may include on a tax information authorization future tax periods that end no later than 3 years after the date the tax information authorization is received by the IRS. The 3 future periods are determined starting after December 31 of the year the tax information authorization is received by the IRS. You must enter the type of tax, the tax form number, and the future year(s) or period(s). If the matter relates to estate tax, enter the date of the decedent's death instead of the year or period.

In **column (d)**, enter any specific information you want the IRS to provide. Examples of column (d) information are: lien information, a balance due amount, a specific tax schedule, or a tax liability.

For requests regarding Form 8802, Application for United States Residency Certification, enter "Form 8802" in column (d) and check the specific use box on line 4. Also, enter the appointee's information as instructed on Form 8802.

## Line 4. Specific Use Not Recorded on CAF

Generally, the IRS records all tax information authorizations on the CAF system. However, authorizations relating to a specific issue are not recorded.

Check the box on line 4 if Form 8821 is filed for any of the following reasons: (a) requests to disclose information to loan companies or educational institutions, (b) requests to disclose information to Federal or state agency investigators for background checks, (c) application for EIN, or (d) claims filed on Form 843, Claim for Refund and Request for Abatement. If you check the box on line 4, your appointee should mail or fax Form 8821 to the IRS office handling the matter. Otherwise, your appointee should bring a copy of Form 8821 to each appointment to inspect or receive information. A specific-use tax information authorization will not revoke any prior tax information authorizations.

## Line 6. Retention/Revocation of Tax Information Authorizations

Check the box on this line and attach a copy of the tax information authorization you do not want to revoke. The filing of Form 8821 will not revoke any Form 2848 that is in effect.

## Line 7. Signature of Taxpayer(s)

**Individuals.** You must sign and date the authorization. Either husband or wife must sign if Form 8821 applies to a joint return.

**Corporations.** Generally, Form 8821 can be signed by: (a) an officer having legal authority to bind the corporation, (b) any person designated by the board of directors or other governing body, (c) any officer or employee on written request by any principal officer and attested to by the secretary or other officer, and (d) any other person authorized to access information under section 6103(e).

**Partnerships.** Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. See **Partnership Items** on page 3.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

## Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 is provided by the IRS for your convenience and its use is voluntary. If you designate an appointee to inspect and/or receive confidential tax information, you are required by section 6103(c) to provide the information requested on Form 8821. Under section 6109, you must disclose your social security number (SSN), employer identification number (EIN), or individual taxpayer identification number (ITIN). If you do not provide all the information requested on this form, we may not be able to honor the authorization.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also give this information to other countries pursuant to tax treaties. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism. The authority to disclose information to combat terrorism expired on December 31, 2003. Legislation is pending that would reinstate this authority.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 6 min.; **Learning about the law or the form**, 12 min.; **Preparing the form**, 24 min.; **Copying and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 8821 simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send Form 8821 to this address. Instead, see the **Where To File Chart** on page 2.

Exhibit #6

## Request for Copy of Tax Return

- Do not sign this form unless all applicable parts have been completed.  
Read the instructions on page 2.  
► Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature.

OMB No. 1545-0429

**TIP:** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See new **Form 4506-T**, Request for Transcript of Tax Return, to order a transcript or you can call 1-800-829-1040 to order a transcript.

**1a** Name shown on tax return. If a joint return, enter the name shown first.

**JOHN C. RIDDLE**

**1b** First social security number on tax return or employer identification number (see instructions)

**462-82-2143**

**2a** If a joint return, enter spouse's name shown on tax return

**2b** Second social security number if joint tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code

**4** Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3

**5** If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.

**UNITED STATES ATTORNEY  
c/o FINANCIAL LITIGATION SECTION**

**P.O. BOX 61129  
HOUSTON, TX 77208  
TEL: 713.567.9000**

**CAUTION:** Lines 6 and 7 must be completed if the third party requires you to complete Form 4506. Do not sign Form 4506 if the third party requests that you sign Form 4506 and lines 6 and 7 are blank.

**6** Tax return requested (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ► **1040**

**Note:** If the copies must be certified for court or administrative proceedings, check here. ☒

**7** Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506.

**12 / 31 / 2000**

**12 / 31 / 2001**

**12 / 31 / 2002**

**12 / 31 / 2003**

**8** Fee. There is a \$39 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.

<b>a</b> Cost for each return . . . . .	<b>\$ 39.00</b>
<b>b</b> Number of returns requested on line 7 . . . . .	<b>4</b>
<b>c</b> Total cost. Multiply line 8a by line 8b . . . . .	<b>\$ 156.00</b>

**9** If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☒

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

**Sign Here**

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

Telephone number of taxpayer on line 1a or 2a  
( )

**Request for Copy of Tax Return**

- **Do not sign this form unless all applicable parts have been completed.**  
**Read the instructions on page 2.**
- **Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature.**

OMB No. 1545-0429

**TIP:** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See new **Form 4506-T**, Request for Transcript of Tax Return, to order a transcript or you can call 1-800-829-1040 to order a transcript.

**1a** Name shown on tax return. If a joint return, enter the name shown first.**JOHN C. RIDDLE****1b** First social security number on tax return or employer identification number (see instructions)**462-82-2143****2a** If a joint return, enter spouse's name shown on tax return**2b** Second social security number if joint tax return**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code**4** Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3**5** If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.**UNITED STATES ATTORNEY  
c/o FINANCIAL LITIGATION SECTION****P.O. BOX 61129  
HOUSTON, TX 77208  
TEL: 713.567.9000**

**CAUTION:** Lines 6 and 7 must be completed if the third party requires you to complete Form 4506. **Do not sign Form 4506** if the third party requests that you sign Form 4506 and lines 6 and 7 are blank.

**6** **Tax return requested** (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ► **1040**

**Note:** If the copies must be certified for court or administrative proceedings, check here. ☒

**7** **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506.

**12 / 31 / 2004****12 / 31 / 2005****12 / 31 / 2006****~~12 / 31 / 2003~~**

**8** **Fee.** There is a \$39 fee for each return requested. **Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.**

<b>a</b> Cost for each return	\$ 39.00
<b>b</b> Number of returns requested on line 7	<b>4</b>
<b>c</b> Total cost. Multiply line 8a by line 8b	\$ 156.00

**9** If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☒

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

**Sign  
Here**

Signature (see instructions)

Date

Telephone number of taxpayer on  
line 1a or 2a  
( )

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date



## Changes To Note

Section references are to the Internal Revenue Code.

- **Form 4506**, Request for Copy of Tax Return, is now used to request copies of tax returns. Use new **Form 4506-T**, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.
- The fee for a photocopy of a tax return has increased to \$39.

## Instructions

**Purpose of form.** Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 5.

**How long will it take?** It may take up to 60 calendar days for us to process your request.

**Where to file.** Attach payment and mail Form 4506 to the address below for the state you lived in when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

**Note:** If you are requesting more than one return and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

### Chart for individual returns (Form 1040 series)

If you lived in and filed an individual return:	Mail to the Internal Revenue Service at:
Maine, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810
Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, West Virginia, Rhode Island	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341
Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Oklahoma, Tennessee, Texas	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 78741
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888
Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	RAIVS Team Stop B41-6700 Kansas City, MO 64999
Ohio, Virginia	RAIVS Team 5333 Getwell Rd. Stop 2826 Memphis, TN 38118

Connecticut,  
District of Columbia,  
Maryland,  
New Jersey,  
Pennsylvania, a  
foreign country, or  
A.P.O. or F.P.O.  
address

RAIVS Team  
DP SE 135  
Philadelphia, PA  
19255-0695

### Chart for all other returns

If you lived in:	Mail to the Internal Revenue Service at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team Mail Stop 6734 Ogden, UT 84201
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800F Cincinnati, OH 45250

**Line 1b.** Enter your employer identification number if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Signature and date.** Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the form to this address. Instead, see **Where to file** on this page.





**REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION**

\*Use This Form If You Need

**1. Certified/Non-Certified Detailed Earnings Information**

Includes periods of employment or self-employment and the names and addresses of employers.

OR

**2. Certified Yearly Totals of Earnings**

Includes total earnings for each year but does not include the names and addresses of employers.

**DO NOT USE THIS FORM FOR:****Non-certified yearly totals of earnings**This service is free to the public.

These totals can be obtained by calling 1-800-772-1213 to receive Form SSA-7004, Request for Earnings and Benefit Estimate Statement.

**PRIVACY ACT NOTICE:** We are authorized to collect this information under section 205 of the Social Security Act, and the Federal Records Act of 1950 (64 Stat. 583). It is needed so we can identify your records and prepare the statement you request. You do not have to furnish the information, but failure to do so may prevent your request from being processed.**PAPERWORK REDUCTION ACT:** This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 11 minutes to read the instructions, gather the necessary facts, and answer the questions.**INFORMATION ABOUT YOUR REQUEST****• How Do I Get This Information?**

You need to complete the attached form to tell us what information you want.

**• Can I Get This Information For Someone Else?**

Yes, if you have their written permission. For more information, see page 3.

**• Who Can Sign On Behalf Of The Individual?**

The parent of a minor child, or the legal guardian of an individual who has been declared legally incompetent, may sign if he/she is acting on behalf of the individual.

**• Is There A Fee For This Information?****1. Certified/Non-Certified Detailed Earnings Information**

Yes, we usually charge a fee for detailed information. In most cases, this information is used for purposes NOT directly related to Social Security such as for a private pension plan or personal injury suit. The fee chart on page 3 gives the amount of the charge.

Sometimes, there is no charge for detailed information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us

and it does not agree with your records), we will supply you with more detail for the period in question. Occasionally, earnings amounts are wrong because an employer did not correctly report earnings or earnings are credited to the wrong person. In situations like these, we will send you detailed information, at no charge, so we can correct your record.

Be sure to show the year(s) involved on the request form and explain why you need the information. If you do not tell us why you need the information, we will charge a fee.

We will certify the detailed earnings information for an additional fee of \$15.00. Certification is usually not necessary unless you plan to use the information in court.

**2. Certified Yearly Total of Earnings**

Yes, there is a fee of \$15 to certify yearly totals of earnings. Certification is usually not necessary unless you plan to use the information in court.

**3. Method of Payment**

Enclose a check or money order for the entire fee required. Payment can also be made by credit card. To do so, complete page 4 of this form and return it with your request form.

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## REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

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**1. From whose record do you need the earnings information?**

Print the Name, Social Security Number (SSN), and date of birth below.

Name _____	Social Security Number _____
Other Name(s) Used (Include Maiden Name) _____	Date of Birth (Mo/Day/Yr) _____

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**2. What kind of information do you need?**

- ☐ **Detailed Earnings Information** For the period(s)/year(s): \_\_\_\_\_  
(If you check this block, tell us below why you need this information.)  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **Certified Total Earnings For Each Year.** For the year(s): \_\_\_\_\_  
(Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form SSA-7004, Request for Earnings and Benefit Estimate Statement)
- 

**3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3 . . . . .** A. \$ \_\_\_\_\_

Do you want us to certify the information? ☐ Yes ☐ No

If yes, enter \$15.00 . . . . . B. \$ \_\_\_\_\_

ADD the amounts on lines A and B, and enter the TOTAL amount . . . . . C. \$ \_\_\_\_\_

- You can pay by CREDIT CARD by completing and returning the form on page 4, or
  - Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable to "Social Security Administration"
  - DO NOT SEND CASH.
- 

**4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.**

SIGN your name here  
(Do not print) > \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_  
(Area Code) (Telephone Number)

---

**5. Tell us where you want the information sent. (Please print)**

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

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**6. Mail Completed Form(s) To:** **Exception:** If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration Division of Earnings Record Operations P.O. Box 33003 Baltimore Maryland 21290-3003	Social Security Administration Division of Earnings Record Operations 300 N. Greene St. Baltimore Maryland 21290-0300
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## REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

### How Much Do I Have to Pay For Detailed Earnings?

1. Count the number of years for which you need detailed earnings information. Be sure to add in both the first and last year requested. However, do not add in the current calendar year since this information is not yet available.
2. Use the chart below to determine the correct fee.

Number of Years Requested	Fee	Number of Years Requested	Fee	Number of Years Requested	Fee
1	\$15.00	15	\$43.75	28	\$64.50
2	17.50	16	45.50	29	66.00
3	20.00	17	47.25	30	67.50
4	22.50	18	49.00	31	68.75
5	25.00	19	50.75	32	70.00
6	27.00	20	52.50	33	71.25
7	29.00	21	54.00	34	72.50
8	31.00	22	55.50	35	73.75
9	33.00	23	57.00	36	75.00
10	35.00	24	58.50	37	76.25
11	36.75	25	60.00	38	77.50
12	38.50	26	61.50	39	78.75
13	40.25	27	63.00	40	80.00
14	42.00				

**For Requests Over 40 Years, Please Add 1 Dollar for Each Additional Year.**

### • Whose Earnings Can Be Requested

#### 1. Your Earnings

You can request earnings information from your own record by completing the attached form; we need your handwritten signature. If you sign with an "X", your mark must be witnessed by two disinterested persons who must sign their name and address.

#### 2. Someone Else's Earnings

You can request earnings information from the record of someone else if that person tells us in writing to give the information to you. This writing or "authorization" must be presented to us within 60 days of the date it was signed by that person.

#### 3. A Deceased Person's Earnings

You can request earnings information from the record of a deceased person if you are the legal representative of the estate, a survivor (that is, the spouse, parent, child, divorced spouse of divorced parent), or an individual with a material interest (example-financial) who is an heir at law, next of kin, beneficiary under the will or donee of property of the decedent.

Proof of death must be included with your request. Proof of appointment as representative or proof of your relationship to the deceased must also be included.

## YOU CAN MAKE YOUR PAYMENT BY CREDIT CARD

As a convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply.  
You may also pay by check or money order.

Please fill in all the information below and return this form along with your request to:

Social Security Administration  
Division of Earnings Record Operations  
P.O. Box 33003  
Baltimore Maryland 21290-3003

### Exception:

If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration  
Division of Earnings Record Operations  
300 N. Greene St.  
Baltimore Maryland 21290-0300

**Note: Please read Paperwork/Privacy Act Notice**

CHECK ONE \_\_\_\_\_

☐

Visa

☐

American

☐

MasterCard

☐

Discover

☐

Diners Card

Credit Card Holder's Name \_\_\_\_\_

(Enter the name from the credit card)

\_\_\_\_\_  
First Name, Middle Initial, Last Name

Credit Card Holder's Address \_\_\_\_\_

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City, State, & Zip Code

Daytime Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Telephone Number

Credit Card Number \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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Credit Card Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year

Amount Charged \_\_\_\_\_

Credit Card Holder's Signature \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE  
OFFICE USE ONLY**

Authorization

Name

Date

Remittance Control #

### PRIVACY ACT NOTICE

The Social Security Administration (SSA) has authority to collect the information requested on this form under section 205 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out this form if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security Office.